



Practitioner's Docket No. KS9219PCT(US)

SFW
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kumar Kirti Trivedi

Confirmation No.: 1836

Application No.: 10/553,680

Group No.: 4171

Filed: October 17, 2005

Examiner: John D. Pham

For: PORTABLE PROJECTION DEVICE

CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R. § 1.8(a)(i)(1)(A))

I hereby certify that on March 27, 2008 the following correspondence:

Name of Paper: Response to Office Action
Information Disclosure Statement

Number of Pages: 51

Fees: Amount: \$300.00 Payment By: Credit Card

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.

Laura K. Cahill
Signature

Telephone Number: 440-684-1090

Laura K. Cahill
Type or print name of person certifying

04/01/2008 RFEKA001 00000004 10553680
120.00 OP
02 FC:1251



Practitioner's Docket No. KS9219PCT(US)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kumar Kirti Trivedi

Confirmation No.: 1836

Application No.: 10/553,680

Group No.: 4171

Filed: October 17, 2005

Examiner: John D. Pham

For: PORTABLE PROJECTION DEVICE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

FEE FOR CLAIMS

- The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
CLAIMS	HIGHEST NO.	PRESENT	ADDIT.
REMAINING AFTER AMENDMENT	PREVIOUSLY PAID FOR	EXTRA	FEE
TOTAL	11 -	20 = 0 x \$ 50.00	= \$ 0.00
INDEP.	1 -	3 = 0 x \$ 210.00	= \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			TOTAL \$ 0.00
			ADDIT. FEE \$ 0.00

No additional fee for claims is required.

PAPERS ENCLOSED

5. Response to Office Action – 11 pages
Replacement Drawing Sheets – 3 pages
Annotated Drawing Sheets – 3 pages
Copy of Acknowledgement Postcard – 1 page
References Submitted with IDS Filed October 17, 2005 - 2
Information Disclosure Statement – 4 pages

FEE PAYMENT

6. Authorization is hereby made to charge the amount of **\$120.00** to Credit card as shown on the attached credit card information authorization form PTO-2038.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 50-0537.

A duplicate of this paper is attached.

FEE DEFICIENCY

7. If an additional extension and/or fee is required, charge Account No. 50-0537.

If an additional fee for claims is required, charge Account No. 50-0537.

Date: March 27, 2008

Reg. No.: 31,115
Tel. No.: 440-684-1090

Customer No.: 22203



Signature of Practitioner
Mark Kusner

Kusner & Jaffe
Highland Place - Suite 310
6151 Wilson Mills Road
Highland Heights, OH 44143